

Ohio Parenting and Pregnancy Program Grant

APPENDIX A

TECHNICAL APPLICATION

Instructions: Applicants are to fully complete this application and submit it with any additional required documents to be officially deemed the applicant's submitted response. Applicants may replicate this application in order to provide necessary responses; however, no application text may be altered or the applicant may risk disqualification.

Application Cover Page

Organization Name:	Relationships Under Construction
Organization Address:	9918 Brewster Lane Powell OH 43065
Point of Contact:	Catherine Wood
Telephone Number:	740 965 2046
Fax Number:	614 376 0464
E-mail Address:	office ORPCC@gmail.com
Federal Tax Id Number:	141859397
OAKS Vendor ID (if have one):	
DUNS Number:	791 293 129
Director/CEO:	Catherine Wood
Name of Signature Authority:	Catherine Wood
Title of Signature Authority:	President
E-mail Address of Signature Authority:	office ORPCC@gmail.com

Attachment A—Section I

REQUIRED GRANTEE INFORMATION and CERTIFICATIONS

Purpose: The Ohio Department of Job and Family Services (ODJFS) requires the following information on applicants who submit proposals or applications in response to any ODJFS Requests for Grant Applications (RFGAs), in order to facilitate the development of the grant with the selected applicant. ODJFS reserves the right to reject your application if you fail to provide this information fully, accurately, and by the deadline set by ODJFS. Further, some of this information (as identified below) **must** be provided in order for ODJFS to accept and consider your application. **Failure to provide such required information will result in your application's immediate disqualification.**

Instructions: Provide the following information regarding the applicant organization submitting the application. Applicants may either print this attachment, complete and sign it, or may provide the required information and certifications (each fully re-stated from this attachment) on their letterhead as the opening pages of their applications. It is mandatory that the information provided is certified with an original signature (in blue ink, please) from a person with authority to represent the applicant. Applicants are to provide the completed and signed information and certifications as the cover pages of their original proposal submitted to ODJFS.

IMPORTANT: If the RFGA specified a maximum page limit for applicant proposals, the attachment of any required certifications, other documents, or additional pages needed to fully provide the information requested here will **NOT** be counted against that page limit.

Applicants must provide all information

1. ODJFS RFGA #: JFSR1415178081	2. Application Due Date: July 24, 2014
3. Name: (legal name of the grantee – person or organization – to whom grant payments would be made) Relationships Under Construction, Catherine Wood	
3a. Grantee's Ohio Administrative Knowledge System (OAKS) ID#: [Vendors may apply for an OAKS vendor ID# at: http://ohiosharedservices.ohio.gov/Vendors.aspx . The necessary forms to be completed and remitted to Ohio Shared Services are the Vendor Information Form (OBM-5657) and the IRS Form W-9. Completion and/or submission of these forms to Ohio Shared Services <u>does not</u> assume a vendor/applicant award of any ODJFS contract/grant.]	
4. Grantee Corporate Address: 9918 Brewster Lane Powell OH 43065	5. Grantee Remittance Address: (or "same" if same as Item # 4) same
6. Print or type information on the grantee representative/contact person <u>authorized to answer questions on the application</u> : Grantee Representative NAME and TITLE: Address: Catherine Wood, President Relationships Under Construction 9918 Brewster Lane Powell OH 43065 E-Mail Address: office.ORMCC@gmail.com Phone #: 740 965 2046 Fax #: 614 376 0464	
7. Print or type the name of the grantee representative <u>authorized to address contractual issues, including the authority to execute a contract on behalf of the vendor, and to whom legal notices regarding contract termination or breach, should be sent</u> (if not the same individual as in #6, provide the following information on each such representative and specify their function): Grantee Representative NAME and TITLE: Address: Catherine Wood, President Relationships Under Construction 9918 Brewster Lane Powell OH 43065 E-Mail Address: office.ORMCC@gmail.com Phone #: 740 965 2046 Fax #: 614 376 0464	

this fiscal year to date. Also include grants approved for ODJFS or institutions of higher education:

Total number of grants: _____ Subgrantee - ODH

For each state grant, list the state agency and provide the following information:

State Agency/Educational Institution: _____

Grant Dollar Amount: _____

State Agency/Educational Institution: _____

Grant Dollar Amount: _____

State Agency/Educational Institution: _____

Grant Dollar Amount: _____

Attach additional pages if needed

11. Grantee Ethics Certification

As a grantee receiving grants from the State of Ohio, I certify on behalf of

Relationships Under Construction (name of vendor or grantee):

(1) I have reviewed and understand Ohio ethics and conflict of interests' laws, as found in Chapter 102. and Sections 2921.42 and 2921.43 of the Ohio Revised Code.

(2) I acknowledge that failure to comply with this certification is, by itself, grounds for termination of this contract or grant with the State of Ohio.

Catherine Wood

Signature of authorized agent

7/23/14

Date

12. I have read the ODJFS Model Grant attached to the RFGA, and if awarded a grant, I will not ____ (or) I will ____ request changes to the standard language, and have marked the requested changes and returned the model document with this proposal for consideration by ODJFS. (If so, ODJFS will review those requested changes if you are the selected grantee. All requested changes to model contract language are subject to ODJFS approval.)

13. I Catherine Wood, (grantee representative in Item # 7) hereby affirm that this proposal accurately represents the capabilities and qualifications of Relationships Under Construction (grantee's name), and I hereby affirm that the cost(s) bid to ODJFS for the performance of services and/or provision of goods covered in this application in response to this ODJFS RFGA is a firm fixed price, inclusive of all incidental as well as primary costs. (Failure to provide the proper affirming signature on this item may result in the disqualification of your proposal\bid.)

14. **Location of Business Declaration:** Vendors responding to any ODJFS RFP/RLB/RFGA (etc.) must certify that no public funds shall be spent on services provided/performed offshore by completing, signing, and returning the "Location of Business Form," which is the final section of this attachment. **FAILURE TO PROPERLY COMPLETE, SIGN AND RETURN THIS FORM, INCLUDING THE "LOCATION OF BUSINESS FORM," WILL RESULT IN DISQUALIFICATION OF THE VENDOR FROM CONSIDERATION FOR AWARD OF AN ODJFS CONTRACT.**

4. Location where services to be performed will be changed or shifted by Grantee

(Address)

(Address, City, State, Zip)

Name/Location(s) where services will be changed or shifted to be performed by sub-grantee(s):

(Name)

(Address, City, State, Zip)

(Name)

(Address, City, State, Zip)

(Name)

(Address, City, State, Zip)

By signing below, I hereby certify and affirm that I have reviewed, understand, and will abide by the Governor's Executive Order 2011-12K. I attest that no funds provided by ODJFS for this grant or any other agreement will be used to purchase services provided outside the United States or to contract with a sub-grantee(s) who will use the funds to purchase services provided outside the United States. I will promptly notify ODJFS if there is a change in the location where any of the services relating to this project will be performed. If I am signing this on behalf of a company, business, or organization, I hereby acknowledge that I have the authority to make this certification on behalf of that entity.

Catherine Wood

Signature

7/23/14

Date

Relationships Under Construction

Entity Name

9918 Brewster Lane

Address (Principal place of business)

Catherine Wood

Printed name of individual authorized
to sign on behalf of entity

Powell Ohio 43065

City, State, Zip

8. Is this grantee an Ohio certified MBE? Yes ☐ No ☒ If yes, attach a copy of current certification to proposal/bid. (If ODJFS has specified the RFGA document as an opportunity open exclusively to Ohio Certified MBEs, then failure to attach a copy of current certification WILL RESULT IN DISQUALIFICATION.)

9. Mandatory Grantee Certifications:

ODJFS may not enter into agreements with/make purchases from any organizations that have been found to be ineligible for state contracts under specific federal or Ohio statutes or regulations. Organizations responding to any ODJFS RFGA opportunity MUST certify that they are NOT INELIGIBLE by signing each of the three statements below. Failure to provide proper affirming signature on any of these statements will result in the disqualification of your application.

I Catherin Wood (signature of representative shown in Item # 7, above) hereby certify and affirm that Relationships Under Construction (name of the vendor shown in Item # 3, above), has not been debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in transactions by the United States Department of Labor, the United States Department of Health and Human Services, or any other federal department or agency as set forth in 29 CFR Part 98, or 45 CFR Part 76, or other applicable statutes.

AND
I Catherin Wood (signature of representative shown in Item #7, above) hereby certify and affirm that Relationships Under Construction (name of the vendor shown in Item # 3, above), is not on the list established by the Ohio Secretary of State, pursuant to ORC Section 121.23, which identifies persons and businesses with more than one unfair labor practice contempt of court finding against them.

AND
I Catherin Wood (signature of representative shown in Item #7, above) hereby certify and affirm that Relationships Under Construction (name of the vendor shown in Item # 3, above), either is not subject to a finding for recovery under ORC Section 9.24, or has taken appropriate remedial steps required under that statute, or otherwise qualifies under that section to enter into contracts with the State of Ohio.

10. Equal Employment Opportunity Information on the Grantee and any Sub-grantee(s)

A. Provide vendor employee data both nationwide (including Ohio staff), and Ohio office employees separately:

	Nationwide	Ohio Offices
Total Number of Employees:	<u>23</u>	<u>23</u>
% of those who are Women:	<u>91%</u>	<u>91%</u>
% of those who are Minorities:	<u>0</u>	<u>0</u>

B. If you are the selected vendor, will you subcontract any part of the work?

☐ NO -or- ☐ YES, but for less than 50% of the work -or- ☒ YES, for 50% or more of the work

If yes, provide the following information on each subcontractor (additional pages may be added as needed):

Subcontractor Name: Pregnancy Resource Center of Athens County
Address: 43A South Court St
Athens Ohio 45701
Work To Be Performed: Parenting Classes, Training Seminar,
Media Campaign
(a brief description)

Subcontractor's Estimated Percentage of Total Project (in % of work, not % of dollars): 16.66%

If 50% or more of the work will be subcontracted, then ALSO provide the following information on ALL proposed sub-grantees:

	Nationwide	Ohio Offices
Total Number of Employees:	<u>4</u>	<u>4</u>
% of those who are Women:	<u>100%</u>	<u>100%</u>
% of those who are Minorities:	<u>0</u>	<u>0</u>

C. Identify all state grants which the grantee has since the beginning of the last fiscal year (i.e., since July 01, 2012) through

8. Is this grantee an Ohio certified MBE? Yes ☐ No ☒ If yes, attach a copy of current certification to proposal/bid. (If ODJFS has specified the RFGA document as an opportunity open exclusively to Ohio Certified MBEs, then failure to attach a copy of current certification WILL RESULT IN DISQUALIFICATION.)

9. Mandatory Grantee Certifications:

ODJFS may not enter into agreements with/make purchases from any organizations that have been found to be ineligible for state contracts under specific federal or Ohio statutes or regulations. Organizations responding to any ODJFS RFGA opportunity MUST certify that they are NOT INELIGIBLE by signing each of the three statements below. Failure to provide proper affirming signature on any of these statements will result in the disqualification of your application.

I Catherine Wood (signature of representative shown in Item # 7, above) hereby certify and affirm that Relationships Under Construction (name of the vendor shown in Item # 3, above), has not been debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in transactions by the United States Department of Labor, the United States Department of Health and Human Services, or any other federal department or agency as set forth in 29 CFR Part 98, or 45 CFR Part 76, or other applicable statutes.

AND
I Catherine Wood (signature of representative shown in Item #7, above) hereby certify and affirm that Relationships Under Construction (name of the vendor shown in Item # 3, above), is not on the list established by the Ohio Secretary of State, pursuant to ORC Section 121.23, which identifies persons and businesses with more than one unfair labor practice contempt of court finding against them.

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10. Equal Employment Opportunity Information on the Grantee and any Sub-grantee(s)

A. Provide vendor employee data both nationwide (including Ohio staff), and Ohio office employees separately:

	Nationwide	Ohio Offices
Total Number of Employees:	<u>23</u>	<u>23</u>
% of those who are Women:	<u>91%</u>	<u>91%</u>
% of those who are Minorities:	<u>0</u>	<u>0</u>

B. If you are the selected vendor, will you subcontract any part of the work?

☐ NO -or- ☐ YES, but for less than 50% of the work -or- ☒ YES, for 50% or more of the work

If yes, provide the following information on each subcontractor (additional pages may be added as needed):

Subcontractor Name: Pregnancy Resources of Delaware County
Address: 652 W Central Ave Ste 30
Delaware OH 43015
Work To Be Performed: parenting classes, training seminar,
media campaign
(a brief description)

Subcontractor's Estimated Percentage of Total Project (in % of work, not % of dollars): 16.16%

If 50% or more of the work will be subcontracted, then ALSO provide the following information on ALL proposed sub-grantees:

	Nationwide	Ohio Offices
Total Number of Employees:	<u>3</u>	<u>3</u>
% of those who are Women:	<u>100</u>	<u>100</u>
% of those who are Minorities:	<u>0</u>	<u>0</u>

C. Identify all state grants which the grantee has since the beginning of the last fiscal year (i.e., since July 01, 2012) through

8. Is this grantee an Ohio certified MBE? Yes ☐ No ☒ If yes, attach a copy of current certification to proposal/bid. (IF ODJFS has specified the RFGA document as an opportunity open exclusively to Ohio Certified MBEs, then failure to attach a copy of current certification WILL RESULT IN DISQUALIFICATION.)

9. Mandatory Grantee Certifications:

ODJFS may not enter into agreements with/make purchases from any organizations that have been found to be ineligible for state contracts under specific federal or Ohio statutes or regulations. Organizations responding to any ODJFS RFGA opportunity MUST certify that they are NOT INELIGIBLE by signing each of the three statements below. Failure to provide proper affirming signature on any of these statements will result in the disqualification of your application.

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10. Equal Employment Opportunity Information on the Grantee and any Sub-grantee(s)

A. Provide vendor employee data both nationwide (including Ohio staff), and Ohio office employees separately:

	Nationwide	Ohio Offices
Total Number of Employees:	<u>23</u>	<u>23</u>
% of those who are Women:	<u>91%</u>	<u>91%</u>
% of those who are Minorities:	<u>0</u>	<u>0</u>

B. If you are the selected vendor, will you subcontract any part of the work?

☐ NO -or- ☐ YES, but for less than 50% of the work -or- ☒ YES, for 50% or more of the work

If yes, provide the following information on each subcontractor (additional pages may be added as needed):

Subcontractor Name: Heartbeats of Hardin County
Address: 220 E Franklin St Kenton OH 43326

Work To Be Performed: Parenting Classes, training seminar, Media Campaign
(a brief description)

Subcontractor's Estimated Percentage of Total Project (in % of work, not % of dollars): 16.66%

If 50% or more of the work will be subcontracted, then ALSO provide the following information on ALL proposed sub-grantees:

	Nationwide	Ohio Offices
Total Number of Employees:	<u>2</u>	<u>2</u>
% of those who are Women:	<u>100</u>	<u>100</u>
% of those who are Minorities:	<u>0</u>	<u>0</u>

C. Identify all state grants which the grantee has since the beginning of the last fiscal year (i.e., since July 01, 2012) through

8. Is this grantee an Ohio certified MBE? Yes ☐ No ☒ If yes, attach a copy of current certification to proposal\bid. (If ODJFS has specified the RFGA document as an opportunity open exclusively to Ohio Certified MBEs, then failure to attach a copy of current certification WILL RESULT IN DISQUALIFICATION.)

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10. Equal Employment Opportunity Information on the Grantee and any Sub-grantee(s)

A. Provide vendor employee data both nationwide (including Ohio staff), and Ohio office employees separately:

	Nationwide	Ohio Offices
Total Number of Employees:	<u>23</u>	<u>23</u>
% of those who are Women:	<u>91%</u>	<u>91%</u>
% of those who are Minorities:	<u>0</u>	<u>0</u>

B. If you are the selected vendor, will you subcontract any part of the work?

☐ NO -or- ☐ YES, but for less than 50% of the work -or- ☒ YES, for 50% or more of the work

If yes, provide the following information on each subcontractor (additional pages may be added as needed):

Subcontractor Name: Richland Pregnancy
Address: 1560 W Fourth St
Mansfield OH 44906
Work To Be Parenting Classes
Performed: training seminar, media campaign
(a brief description)

Subcontractor's Estimated Percentage of Total Project (in % of work, not % of dollars): 16.66%

If 50% or more of the work will be subcontracted, then ALSO provide the following information on ALL proposed sub-grantees:

	Nationwide	Ohio Offices
Total Number of Employees:	<u>6</u>	<u>6</u>
% of those who are Women:	<u>66%</u>	<u>66%</u>
% of those who are Minorities:	<u>0</u>	<u>0</u>

C. Identify all state grants which the grantee has since the beginning of the last fiscal year (i.e., since July 01, 2012) through

8. Is this grantee an Ohio certified MBE? Yes ☐ No ☒ If yes, attach a copy of current certification to proposal/bid. (If ODJFS has specified the RFGA document as an opportunity open exclusively to Ohio Certified MBEs, then failure to attach a copy of current certification WILL RESULT IN DISQUALIFICATION.)

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10. Equal Employment Opportunity Information on the Grantee and any Sub-grantee(s)

A. Provide vendor employee data both nationwide (including Ohio staff), and Ohio office employees separately:

	Nationwide	Ohio Offices
Total Number of Employees:	<u>23</u>	<u>23</u>
% of those who are Women:	<u>91%</u>	<u>91%</u>
% of those who are Minorities:	<u>0</u>	<u>0</u>

B. If you are the selected vendor, will you subcontract any part of the work?

☐ NO -or- ☐ YES, but for less than 50% of the work -or- ☒ YES, for 50% or more of the work

If yes, provide the following information on each subcontractor (additional pages may be added as needed):

Subcontractor Name: Elizabeth's Hope PRC
Address: 311 Water St Chillicothe OH 45601
Work To Be Parenting Classes,
Performed: Training Seminars, Media Campaign
(a brief description)

Subcontractor's Estimated Percentage of Total Project (in % of work, not % of dollars): 16.66%

If 50% or more of the work will be subcontracted, then ALSO provide the following information on ALL proposed sub-grantees:

	Nationwide	Ohio Offices
Total Number of Employees:	<u>5</u>	<u>5</u>
% of those who are Women:	<u>100%</u>	<u>100%</u>
% of those who are Minorities:	<u>0</u>	<u>0</u>

C. Identify all state grants which the grantee has since the beginning of the last fiscal year (i.e., since July 01, 2012) through

Attachment A —Section II.

Location of Business Form

Pursuant to Governor's Executive Order 2011-12K (www.governor.ohio.gov), no public funds shall be spent on services provided offshore. This form serves as a certification of compliance with this policy and required disclosures. Please answer the following questions about the project or service you are seeking to perform for or the funding for which you are applying from the Ohio Department of Job and Family Services:

1. Principal location of business of Grantee:

9918 Brewster Lane
(Address)

Powell Ohio 43065
(City, State, Zip)

Name/Principal location of business of sub-grantee(s):

Pregnancy Resource Center of Athens County 43 A South Court St, Athens, Ohio 45701
(Name) (Address, City, State, Zip)

Pregnancy Resources of Delaware County 652 W Central Ave, Ste 30, Delaware OH 43015
(Name) (Address, City, State, Zip)

2. Location where services will be performed by Grantee:

9918 Brewster Lane
(Address)

Powell Ohio 43065
(City, State, Zip)

Name/Location where services will be performed by sub-grantee(s):

Pregnancy Resource Center of Athens County 43 A South Court St., Athens Ohio 45701
(Name) (Address, City, State, Zip)

Pregnancy Resources of Delaware County 652 W Central Ave Ste 30 Delaware OH 43015
(Name) (Address, City, State, Zip)

3. Location where state data will be stored, accessed, tested, maintained or backed-up, by Grantee:

9918 Brewster Lane
(Address)

Powell Ohio 43065
(Address, City, State, Zip)

Name/Location(s) where state data will be stored, accessed, tested, maintained or backed-up by sub-grantee(s):

Pregnancy Resource Center of Athens County 43 A South Court St. Athens, Ohio 45701
(Name) (Address, City, State, Zip)

Pregnancy Resources of Delaware County 652 W Central Ave Ste 30, Delaware OH 43015
(Name) (Address, City, State, Zip)

(Name)

(Address, City, State, Zip)

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1. Principal location of business of Grantee:

9918 Brewster Lane
(Address)

Powell Ohio 43065
(City, State, Zip)

Name/Principal location of business of sub-grantee(s):

Heartbeats of Hardin County
(Name)

220 E Franklin St Kenton OH 43326
(Address, City, State, Zip)

Richland Pregnancy Center
(Name)

1560 W Fourth St Mansfield OH 44906
(Address, City, State, Zip)

2. Location where services will be performed by Grantee:

9918 Brewster Lane
(Address)

Powell Ohio 43065
(City, State, Zip)

Name/Location where services will be performed by sub-grantee(s):

Heartbeats of Hardin County
(Name)

220 E Franklin St Kenton OH 43326
(Address, City, State, Zip)

Richland Pregnancy Center
(Name)

1560 W Fourth St Mansfield OH 44906
(Address, City, State, Zip)

3. Location where state data will be stored, accessed, tested, maintained or backed-up, by Grantee:

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(Address)

Powell Ohio 43065
(Address, City, State, Zip)

Name/Location(s) where state data will be stored, accessed, tested, maintained or backed-up by sub-grantee(s):

Heartbeats of Hardin County
(Name)

220 E Franklin St Kenton OH 43326
(Address, City, State, Zip)

Richland Pregnancy Center
(Name)

1560 W Fourth St, Mansfield OH 44906
(Address, City, State, Zip)

(Name)

(Address, City, State, Zip)

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1. Principal location of business of Grantee:

9918 Brewster Lane
(Address)

Powell Ohio 43065
(City, State, Zip)

Name/Principal location of business of sub-grantee(s):

Elizabeth's Hope PRC
(Name)

311 Water St Chillicothe OH 45601
(Address, City, State, Zip)

(Name)

(Address, City, State, Zip)

2. Location where services will be performed by Grantee:

9918 Brewster Lane
(Address)

Powell Ohio 43065
(City, State, Zip)

Name/Location where services will be performed by sub-grantee(s):

Elizabeth's Hope PRC
(Name)

311 Water St Chillicothe OH 45601
(Address, City, State, Zip)

(Name)

(Address, City, State, Zip)

3. Location where state data will be stored, accessed, tested, maintained or backed-up, by Grantee:

9918 Brewster Lane
(Address)

Powell Ohio 43065
(Address, City, State, Zip)

Name/Location(s) where state data will be stored, accessed, tested, maintained or backed-up by sub-grantee(s):

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(Name)

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(Address, City, State, Zip)

(Name)

(Address, City, State, Zip)

(Name)

(Address, City, State, Zip)